| POSITION | INITIALS | ID NO. | DATE |
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| | SF | | 10-10-01 |
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 13 | 10/29/01 |
| FORMALITY REVIEW | | 1121 | 11-8-2001 |
| RESPONSE FORMALITY REVIEW | | 1019 | 03.04.02 |
| | | | |

## INDEX OF CLAIMS

✔ ...................................... Rejected  
= ...................................... Allowed  
– (Through numeral)... Canceled  
÷ ...................................... Restricted  

N ...................................... Non-elected  
I ...................................... Interference  
A ...................................... Appeal  
O ...................................... Objected  

Best Available Copy

| Claim Final | Original | Date |  |  |  |  |  |  |  |
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If more than 150 claims or 10 actions
staple additional sheet here

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